

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101035736
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51					
2					52					
3					53					
4					54					
5					55					
6					66					
7					57					
8					58					
9					59					
10					60					
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39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	4				TOTAL IND.					
TOTAL DEP.	40	↔	↔	↔	TOTAL DEP.	↔	↔	↔	↔	↔
TOTAL CLAIMS	44	↔	↔	↔	TOTAL CLAIMS	↔	↔	↔	↔	↔